

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT					
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.			
	1		1		1			51		51		51		51			
2								52		52							
3								53		53							
4								54		54							
5								55		55							
6								56		56							
7								57		57							
8								58		58							
9								59		59							
10								60		60							
11								61		61							
12								62		62							
13								63		63							
14								64		64							
15								65		65							
16								66		66							
17								67		67							
18								68		68							
19								69		69							
20								70		70							
21								71		71							
22								72		72							
23								73		73							
24								74		74							
25								75		75							
26								76		76							
27								77		77							
28								78		78							
29								79		79							
30								80		80							
31								81		81							
32								82		82							
33								83		83							
34								84		84							
35								85		85							
36								86		86							
37								87		87							
38								88		88							
39								89		89							
40								90		90							
41								91		91							
42								92		92							
43								93		93							
44								94		94							
45								95		95							
46								96		96							
47								97		97							
48								98		98							
49								99		99							
50								100		100							
TOTAL IND.					2												
TOTAL DEP.					29												
TOTAL CLAIMS					31												